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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/623,211 Confirmation No.: 2864
Applicant : Mark Christopher Doyle
Filing Date : 07/18/2003
Title : PASSIVE NEEDLE GUARD FOR SYRINGES
Group Art Unit : 3763
Examiner : Manuel A. Mendez
Docket No. : 706737.4007
Customer No. : 34313

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is a preliminary amendment.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
<input type="checkbox"/> four months	\$795.00	\$1,590.00
<input type="checkbox"/> five months	\$1,080.00	\$2,160.00
Fee		\$0.00

☒ If an additional extension of time is required, please consider this a petition therefor.

CERTIFICATE OF MAILING
37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: April 13, 2005

Karen Johnson

DOCSOC1:161844.1

Applicant : Mark Christopher Doyle
Appl. No. : 10/623,311
Examiner : Manuel A. Mendez
Docket No. : 706747.4007

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 130.00

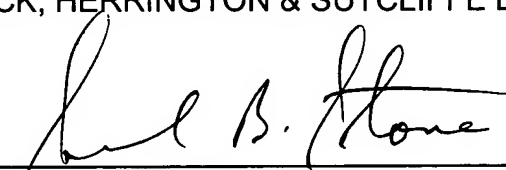
- A. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.
B. ☐ Payment Enclosed
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

Total Claims	46	-	40	=	6	x	\$50.00	\$300.00
Independent Claims	1	-	3	=	0	x	\$200.00	\$0.00
Application Size Fee ((\$250 for each additional 50 sheets or fraction thereof))	63	-	100	=	0	x	250.00	\$0.00
Multiple Dependent Claims	\$360	(if applicable)	<input type="checkbox"/>					\$0.00
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)	<input checked="" type="checkbox"/>					\$0.00
Terminal Disclaimer								\$0.00
TOTAL OF ABOVE CALCULATIONS								\$300.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input checked="" type="checkbox"/>								\$150.00
Extension of Time (from above)								\$0.00
Assignment -- \$40 (if applicable)			<input type="checkbox"/>					\$0.00
TOTAL FEES SUBMITTED HEREWITH								\$150.00

Respectfully submitted,

ORRICK, HERRINGTON & SUTCLIFFE LLP

By:


Samuel B. Stone
Reg. No. 19,297

Dated: April 13, 2005

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Patent
706737.4007